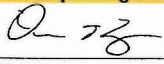
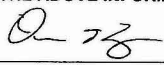


UNITED STATES ENVIRONMENTAL PROTECTION AGENCY – REGION 2  
Division of Enforcement & Compliance Assistance – Air Compliance Branch (DECA-ACB)  
290 Broadway – 21<sup>st</sup> Floor  
New York, NY 10007-1866

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification <span style="float: right; font-family: cursive;">226067</span>
<b>I. TYPE OF NOTIFICATION (O=Original / R=Revised):</b>			
<b>II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)</b>			
<b>OWNER:</b> WESTCHESTER COUNTY HEALTH CORP.			
<b>Address:</b> 95 GRASSLANDS ROAD			
<b>City:</b> VALHALLA	<b>State:</b> NY	<b>ZIP:</b> 10595	
<b>Contact:</b> ANTHONY LAGNESE		<b>Tel:</b> 516-523-5504	
<b>REMOVAL CONTRACTOR:</b> THE ASBESTOS CONTRACTOR, INC.			
<b>Address:</b> 31 CRAIG AVENUE, SIDE DOOR			
<b>City:</b> STATEN ISLAND	<b>State:</b> NY	<b>ZIP:</b> 10307	
<b>Contact:</b> OWEN KINIERY		<b>Tel:</b> 718-608-2290	
<b>OTHER OPERATOR:</b>			
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>	
<b>Contact:</b>		<b>Tel:</b>	
<b>III. TYPE OF OPERATION (D=Demolition / R=Renovation)</b> <span style="float: right;">R</span>			
<b>IV. IS ASBESTOS PRESENT? (Yes / No):</b> <span style="float: right;">YES</span>			
<b>V. FACILITY DESCRIPTION (Including building name, number and floor or room number:</b>			
<b>Building Name:</b> WESTCHESTER MEDICAL CENTER			
<b>Address:</b> 95 GRASSLANDS ROAD			
<b>Address:</b>			
<b>City:</b> VALHALLA	<b>State:</b> NY	<b>County:</b> WESTCHESTER	
<b>Site Location:</b> ID ROOM			
<b>Building Size:</b>	<b>Sq. Meter:</b>	<b>Sq Ft:</b> 100000	<b># of Floors:</b> 2
			<b>Age in Years:</b> 37
<b>Present Use:</b> HOSPITAL		<b>Prior Use:</b> HOSPITAL	
<b>VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b>			
<b>VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS BELOW:</b>			
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <b>RACM to be Removed</b> </div> <div style="text-align: center;"> <b>Non-friable Asbestos Material Not to be removed Category I</b> </div> <div style="text-align: center;"> <b>Category II</b> </div> </div>			
<b>Pipes – Linear Feet</b>			
<b>Pipes – Linear Meters</b>			
<b>Surface Area – Square Feet</b>		600	
<b>Surface Area – Square Meters</b>			
<b>Volume RACM off Facility Component – Cubic Feet</b>			
<b>Volume RACM off Facility Component – Cubic Meters</b>			
<b>VII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY)</b>		<b>Start:</b> 09/20/11	<b>Completion:</b> 12/31/11
<b>IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY)</b>		<b>Start:</b>	<b>Completion:</b>

<b>X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b>			
<b>XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:</b>			
<b>XII. WASTE TRANSPORTER #1</b>			
Name: <b>ATC</b>			
Address: <b>PO BOX 1044</b>			
City: <b>HAMPTON BAYS</b>	State: <b>NY</b>	ZIP: <b>11906</b>	
Contact Person: <b>JOE</b>		Telephone: <b>631-924-5050</b>	
<b>WASTE TRANSPORTER # 2</b>			
Name:			
Address:			
City:	State:	ZIP:	
Contact Person:		Telephone:	
<b>XIII. WASTE DISPOSAL SITE</b>			
Name: <b>MINERVA ENTERPRISES</b>			
Address: <b>9000 MINERVA ROAD SE</b>			
City: <b>WAYNESBURG</b>	State: <b>OH</b>	ZIP: <b>44688</b>	
Telephone: <b>330-866-3435</b>			
<b>XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW</b>			
Name:		Title:	
Authority:			
Date if Order (MM/DD/YY):		Date Ordered to Begin (MM/DD/YY):	
<b>XV. FOR EMERGENCY RENOVATIONS</b>			
Date and Hour of Emergency (MM/DD/YY):			
Description of the Sudden, Unexpected Event:			
Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:			
<b>XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.</b>			
<b>XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation).</b>			
 Signature of Owner/Operator		<b>09/08/11</b> Date	
<b>XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.</b>			
 Signature of Owner/Operator		<b>09/08/11</b> Date	